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**APPLICANTS**  
 Takashi Yamazaki, Odawara, JAPAN;  
 Kazuo Hakamata, Odawara, JAPAN;  
 Azuma Kano, Odawara, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\*** *None MB*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *MB*  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>MB</i> Allowance Examiner's Signature Initials				

**ADDRESS**  
 REED SMITH LLP  
 Suite 1400  
 3110 Fairview Park Drive  
 Falls Church, VA22042

**TITLE**  
 Disk array apparatus and disk array apparatus controlling method

<b>FILING FEE RECEIVED</b> 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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